

GP SUB-COMMITTEE OF NHS Lothian Area Medical Committee

Monday 30th May 2022
7.30pm
At Novotel, Edinburgh Park

Chair –Dr Iain Morrison

AGENDA

Attendance: Dr Iain Morrison, Dr Neil MacRitchie, Dr Catherine Ainscoe, Dr Euan Alexander, Dr Stuart Blake, Dr Peter Cairns, Dr Elaine Duncan, Dr Andrew Forder, Dr John Hardman, Dr Hazel Knox, Dr Annie Lomas, Dr Jane Marshall, Dr Ramon McDermott, Mr Jamie Megaw, Dr Laura Montgomery, Dr Catriona Morton, Dr Rory O’Conaire, Dr Kath Robertson, Dr Suzy Scarlett, Dr Amy Small, Dr Catherine Smith, Dr Shelagh Stewart, Dr Elizabeth Strachan, Dr Jane Sweeney, Dr Laura Tweedie, Dr Hayley Harris, Ms Alison McNeillage, Dr Jeremy Chowings, Ms Sandra Allan

Apologies – Dr Drummond Begg, Dr Gordon Black, Dr Jenny English, Dr Kerri Greene, Dr Nick Payne, Dr Jon Turvill, Dr Ros Wight, Ms Tracey Gillies, Ms Jenny Long

Welcome – Dr Hazel Knox, *newly appointed rep for NW Edinburgh*
Dr Jane Marshall, *newly appointed representative for Edinburgh HSCP*
Dr Jeremy Chowings, *newly appointed Deputy Medical Director for Primary Care, NHS Lothian*

Chair opened the meeting and warmly welcomed committee members and guests.

1. Minutes of the last meeting 25th April 2022

The minutes from the previous meeting were approved.

2. Matters Arising / Actions from last meeting;

2.1 - **LMC office** to raise IT Service Line support hours provision at the next PCITOB meeting (c/f) **Update:** This was raised at PCITOB on 30/5, where e-Health agreed to look at the provision and costing of the additional support hours requested. Further updates to follow. **ONGOING**

2.2 - PCIP Tracker to be discussed at the Edinburgh HSCP Leadership and Resource meeting to be held 26th April. Amendments to the tracker to be reviewed by GP Sub-Committee reps prior to submission. **Update:** The amended tracker has been finalised and this, along with an accompanying letter of explanation has been approved. Committee discussed some of the frustrations and challenges in measuring delivery against targets. **CLOSED**

2.3 - PCIP Tracker to be discussed at the Midlothian GP reps meeting to be held 26th April. Amendments to the tracker to be reviewed by GP Sub-Committee reps prior to submission. **Update:** Following a meeting with Midlothian GP reps, the edited draft was submitted to HSCP Clinical Director and Chief Officer and we await confirmation of whether this has been accepted. Committee recognised that the Midlothian Clinical Director role is currently vacant. **ONGOING**

2.4 - West Lothian PCIP Tracker to be amended as per discussions at Committee. Amendments to the tracker to be reviewed by GP Sub-Committee reps prior to submission. **Update:** Following amendment, the Tracker was accepted and approved. **CLOSED**

2.5 - **IM** to raise the issue of ad-hoc vaccination forms required to be submitted by practices at the next Vaccination Programme Board. **Update:** While work continues to pursue IT opportunities to improve the current position, the difficulties of getting ad-hoc vaccinations done safely without these forms was recognised and therefore this process remains in place for the time being. It was clarified that secondary care should not be asking practices to deliver or arrange ad-hoc vaccines and should instead refer directly to HSCP via the appropriate referral form. The ongoing hard work of the Vaccination Transformation Programme was recognised and appreciated by Committee. **CLOSED**

AP – LMC office to circulate secondary care referral form for ad-hoc vaccine requests to practices to enable them to inform secondary care of the process.

3. **Monkeypox**

The NHS Lothian circular issued by Executive Medical Director, Tracey Gillies and Dona Milne, Director of Public Health and Health Policy (23rd May 2022) was issued to Committee in advance of the meeting. The circular issued by Dr Iain Morrison to Lothian practices on 24th May which highlighted some important points from Dr Oliver Koch was also noted.

A further update, due imminently, will confirm a change in the case definition, limiting this to areas of central and western Africa rather than the wider list of countries previously listed. This change should help colleagues in the Regional Infectious Diseases Unit (RIDU) who have experienced a major strain on their services.

A strict containment strategy means numbers are not escalating at a rate that would cause alarm to the wider system and at the time of this meeting there is currently 1 case of Monkeypox in Lothian. Droplet/aerosol spread doesn't appear to be the main driver, with close physical contact appearing to be relevant for this outbreak. The GBMSM community do seem at risk and recent guidance requesting reception teams to ask very difficult questions in relation to this was acknowledged, and it was agreed that we should approach this as professionally and pragmatically as possible.

4. **FFP3 in Primary Care**

The recent outbreak of Monkeypox highlighted the need to protect our workforce in a swift manner.

It is hoped that a lasting legacy of COVID will be for an easily-deployable mechanism to be in place to rapidly protect the workforce should we be faced with a sudden aerosol spreading event in future. Discussions are ongoing to consider a number of options.

Discussions continue with Occupational Health to consider face fitting of FFP3 masks for individuals who remain concerned with COVID. Locums will be encouraged to arrange face fitting through the practice they attend most regularly, although it was acknowledged that this working pattern doesn't fit every locum and an alternative strategy may need to be made available.

AP – AMcN to look into FFP3 face fitting approach for locums, recognising that some locums don't have a regular practice base.

5. **HRT/Utrogestan Prescribing in Lothian**

The recent increased exposure of micronised progesterone (Utrogestan) was acknowledged by Committee and it was noted that NHS Lothian is one of the few health boards who don't currently prescribe this.

NHS Lothian's Menopause Clinic is extremely busy and pressured requests from patients to be prescribed Utrogestan is rapidly increasing within practices.

The Scottish Medicines Consortium (SMC) originally considered Utrogestan in 2009 but were unable to approve. However, more recently a number of requests being made via PACS2 form are being approved if the patient is intolerant of other progestogens, diabetic or at increased risk of breast cancer.

It is planned to resubmit Utrogestan to SMC later this year for consideration and it is hoped that this could then be fast-tracked into Lothian Formulary Planning.

Chair shared an update from Tracey Gillies on the current position;

"There has been a lot of work and discussion on this. As you know we have been trying to find a way to support a Formulary based use with consistency – we are going to pilot an approach (like a FAF2 (Formulary Application Form 2) but not quite) through the ADTC (Area Drugs and Therapeutics Committee) for use in line with the DAD (Detailed Advice Document) prior to SMC resubmission. That might be too much technical medicines governance information but in summary:

- *PACS2 applications can be made ahead of this process, we have supported many from Chalmers and would support these from primary care too if they are in line with the process*
- *The criteria the panel consider are those set out in the DAD*
- *The panel cannot however ignore addition information that is provided and on occasions this has resulted in a delay or questions for clarification - if a panel supports an application they are supporting its whole content - so if some of this would not stand up to scrutiny, the panel will ask about that*
- *The process should be followed (for PACS2 there should be a second "peer" providing review and support – who is independent)*
- *Large amounts of detail are not required"*

It was agreed by Committee that GPs with an interest could submit a PACS2 for their patient for panel review, although it was noted that some of the evidence is not as clear as has been reported in the press and therefore the need for care around prescribing Utrogestan was highlighted.

Further updates will come to Committee as this progresses.

6. Psychiatry Emergency Plan update

Following on from the earlier agenda item discussion in January 2022, the Psychiatry Emergency Plan was taken for approval earlier this month and an update on the outcome will be shared with Committee once it is known.

Jean Beckley has been heavily involved in the production of the plan and Committee welcomed the document in its entirety and acknowledged the good collaborative working across police, ambulance service and mental health.

It was noted that the gold standard approach is short term detention rather than emergency detention, however the plan offers guidance and clarity on the level of involvement for each of the areas.

7. Hepatitis B Ad-hoc Arrangement

Committee were informed that Hepatitis B testing for direct contacts of new cases, which covers the blood test and result handling, is now the responsibility of the Health Protection Teams. Tests can be ordered through local CTACS and all 3 vaccine doses can be

arranged, with results being returned to a named requestor. This is proposed to be the usual named GP who would then only need to act on the result if it is positive, and this is expected to be an extremely low workload.

However, historically, Hepatitis B vaccines for drug misuse patients have often been delivered opportunistically in practices and it was acknowledged that the likelihood of these patients travelling elsewhere for their vaccine was extremely low. Committee agreed that a pragmatic approach should be considered for this patient cohort as it was recognised that vaccination rates would otherwise suffer if opportunistic vaccines aren't an option.

It was agreed that this should be looked into further.

AP: Office to agree next steps for further discussion of options for GPs to continue to offer opportunistic Hepatitis B vaccines for drug misuse patients.

8. **Medical Directors Business**

8.1 – **Representative updates**

Committee formally welcomed Dr Hazel Knox (Muirhouse Medical Group), the newly elected representative for NW Edinburgh, and Dr Jane Marshall (Boroughloch Medical Practice), the new Edinburgh HSCP representative, to Committee.

9. **AOCB**

9.1 **District Nurse Limitations**

Committee were informed of a DN who recently joined a Lothian practice and were disappointed to find that while in their DN post in Glasgow they had authority to prescribe, set up pumps in palliative care and adjust doses, they are unable to do the same in Lothian. It was agreed that this variation in approach should be queried.

AP: RM to forward to the office details of the variation in DN duties between GG&C and Lothian so that these can be queried.

9.2 **Ukrainian Hub**

Committee's disappointment at Scottish Government's announcement that there will be no additional resource made available to assist Boards to perform the various asks of the Deputy CMO/CNO letter (7th April 2022) was noted. It was also noted that this letter was addressed to Health Boards rather than General Practice.

The additional asks included in this letter require significant additional support above and beyond what is available through standard General Medical Services. Of course, GPs will offer registration and GMS the same as to any other individual but it is very difficult to provide the additional asks with no support.

We will continue to put pressure on the Board and Scottish Government to do more.

Meeting closed.

Date of next meeting - **Monday 27th June 2022 via MS Teams**

2022 Meeting Dates (4th Monday of each month unless highlighted)

NO JULY MEETING

Monday 22nd August (*Novote!*)

Monday 26th September

Monday 24th October

Monday 21st November (3rd Monday) (*Novote!*)

Monday 19th December (3rd Monday)